

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 f. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 1500
 Registered No. 138

1. PLACE OF BIRTH		County <u>Gila</u> State <u>Arizona</u>	
Township _____		or Village _____	
City <u>Miami</u>		No. _____ St. _____ Ward _____	
2. Full name of child <u>Enrique Reyna</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed	
3. Sex <u>male</u>	4. Twin, triplet, or other _____	5. Premature _____	6. Legitimate? <u>yes</u>
5. Number, in order of birth _____	6. Full term _____	7. Date of birth <u>Apr. 9 1925</u>	8. (Month, day, year)
9. Full name of FATHER <u>Francisco Reyna</u>		18. Full maiden name of MOTHER <u>Ramona Lopez</u>	
10. Residence (usual place of abode) (If nonresident, give place and State) _____		19. Residence (usual place of abode) (If nonresident, give place and State) <u>Miami</u>	
11. Color or race <u>Mexican</u>	12. Age at last birthday <u>36</u> (Years)	20. Color or race <u>Mexican</u>	21. Age at last birthday <u>41</u> (Years)
13. Birthplace (city or place) <u>Hermosillo</u> (State or country) <u>Sonora Mexico</u>		22. Birthplace (city or place) <u>Hermosillo</u> (State or country) <u>Sonora Mexico</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>H.W.</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____			
28. If stillborn, period of gestation _____ { months or weeks }		29. Cause of stillbirth _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated (Born alive or stillborn)			
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }			
Given name added from a supplemental report <u>591-409-939</u>		(Date of) _____	
Registrar _____		(Signed) <u>Juanita Martinez</u> M.D. Address <u>Blaypool Highway</u> Filed <u>June 12 1925</u> C. E. Johnson Registrar	